

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/561345** FILING DATE **20 DEC 2005**  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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11						
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25			/	/		
26			/			
27			/	/		
28			/			
29			/	/		
30			/	/		
31			/			
32				/		
33				61		
34				62		
35				63		
36				64		
37				65		
38				66		
39				67		
40				68		
41				69		
42				70		
43				71		
44				72		
45				73		
46				74		
47				75		
48				76		
49				77		
50				78		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	55	←		←
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						